

EQUAL OPPORTUNITY COMPLAINT RESOLUTION ASSESSMENT

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: To provide a means for filing complaint based on discrimination due to race, color, religion, or national origin.

ROUTINE USES: None

DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of complaint for inadequate data.

In accordance with AR 600-20, Army Command Policy, 30 to 45 calendar days (3-4 drill periods for reservists) following final decision on any complaint (substantiated or unsubstantiated) of unlawful discrimination or sexual harassment, an Equal Opportunity Advisor (EOA) will conduct an assessment of the effectiveness of corrective actions and will seek to detect and deter any acts or threats of reprisal. The equal opportunity advisor shall complete the assessment and present his or her findings and recommendations to the commander within 15 calendar days (2nd next weekend drill period for Reserve component).

PART I - COMPLAINT

1. **CORRECTIVE ACTIONS.** The corrective actions taken as a result of the complaint of

_____ discrimination/sexual harassment, filed by
(type)
_____ on _____ were:
(rank/name) (date)

2. **CONDUCT OF THE ASSESSMENT.** (EOA will list the dates and times of actions taken, interview personnel (include complainant, alleged perpetrator, key witnesses, members of the chain of command (and support chain, sampling of unit members, etc.), list surveys used, review of applicable unit records, etc.)). Add enclosures/memorandums for record to DA Form 7279-1 as necessary.

3. **EFFECTIVENESS OF CORRECTIVE ACTIONS.** I conducted an assessment of the effectiveness of the corrective actions taken on _____ . My findings are:
(date)

4. **REPRISAL.** I also sought to detect any incidents (s) or threat of reprisal (s). My findings are:

PART II - RECOMMENDATIONS

5a. Based upon my findings, I recommend ☐ no further action ☐ the following actions be taken:

5b. EQUAL OPPORTUNITY ADVISOR'S NAME/RANK/UNIT

5c. SIGNATURE

5d. DATE
(YYYY/MM/DD)

PART III - ACKNOWLEDGEMENT

6a. I acknowledge receipt of this assessment and the EOA's recommendations.

☐

No further action will be taken.

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The following action (s) will be taken.

6b. COMMANDER'S NAME/RANKAND UNIT

6c. SIGNATURE

6d. DATE
(YYYY/MM/DD)

This form will be retained on file with the original DA Form 7279.